## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

|  |  |   | 10/378962                      |                               |  |                     |                   |                        |    |                            |                        |
|--|--|---|--------------------------------|-------------------------------|--|---------------------|-------------------|------------------------|----|----------------------------|------------------------|
|  |  | CLAIMS A                                  | AS FILED -                     |                               | (Column 2)                             |                     | SMALL ENTITY TYPE |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
| U.S  | NATIONAL S                                     | STAGE FEES                                |                                |                               |  | ,                   | RATE              | FEE                    | ]  | RATE                       | FEE                    |
| BAS  | IC FEE   |   | SMALL ENT.                     | . = \$ 150                    | LARGE ENT. = \$ 300                    |                     | BASIC FEE         |                        | OR | BASIC FEE                  | 300                    |
| EXA  | MINATION FE                                    | E   | Satisfies PCT A<br>(4) = \$50  |                               | All other situations = \$ 100 / \$ 200 |                     | EXAM. FEE         |                        | 1  | EXAM. FEE                  | 200                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$ ALL other cou | untries =                     | ALL other situations = \$ 250 / \$ 500 |                     | SEARCH FEE        |                        |    | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | min                            | us 100 =                      | / 50 =                                 |                     | X \$ 125 =        | :                      |    | X \$ 250 =                 |                        |
| тот  | AL CHARGEAE                                    | BLE CLAIMS                                | 57 min                         | nus 20 =                      | * 37                                   |                     | X \$ 25 =         |                        | OR | X \$ 50 =                  | 1850                   |
| IND  | PENDENT CL                                     | AIMS                                      | 5 m                            | ninus 3 =                     | * 2                                    |                     | X \$ 100 =        |                        | OR | X \$ 200 =                 | 400                    |
| MUL  | TIPLE DEPENI                                   | DENT CLAIM PRI                            | ESENT                          |                               |  |                     | + \$ 180 =        |                        | OR | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                                |                               |  |                     | TOTAL             |                        | OR | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |                                |                               |  |                     | SMALL ENTITY      |                        | OR | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUM<br>PREVIO<br>PAID | IBER<br>OUSLY                          | PRESENT<br>EXTRA    | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                          | **                            |  | =                   | X \$ 25 =         |                        | OR | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus                          | ***                           |  | =                   | X \$ 100 =        |                        | OR | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                               |  |                     | + \$ 180 =        |                        | OR | + \$ 360 =                 |                        |
|  |  |   |                                |                               |  |                     | TOTAL ADDI        | Г.                     | OR | TOTAL ADDIT.<br>FFF        |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                                |                               |  |                     |                   |                        |    |                            |                        |
| ENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>DUSLY                   | PRESENT<br>EXTRA    | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NDME   | Total  | *   | Minus                          | **                            |  | =                   | X \$ 25 =         |                        | OR | X \$ 50 =                  |                        |
| AMENDM   | Independent                                    | *   | Minus                          | ***                           |  | =                   | X \$ 100 =        |                        | OR | X \$ 200 =                 |                        |
|  | FIRST PRES                                     | ENTATION OF M                             | IULTIPLE DEP                   | ENDENT                        | CLAIM                                  |                     | + \$ 180 =        |                        | OR | + \$ 360 =                 |                        |
|  |  |   | TOTAL ADDI                     | Г.                            | OR                                     | TOTAL ADDIT.<br>FFF |                   |                        |    |                            |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul> |  |   |                                |                               |  |                     |                   |                        |    |                            |                        |